

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP
STATE OF MAINE
CERTIFICATE OF
LIMITED LIABILITY PARTNERSHIP**

(Mark box only if applicable)

☐ This is a professional limited liability partnership** formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

(type of professional services)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §822](#), the undersigned executes and delivers the following Certificate of Limited Liability Partnership:

FIRST: The name of the registered limited liability partnership is:

(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP"; [31 MRSA §803-A](#))

SECOND: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: The name and business, residence or mailing address of the contact partner is:

Name

Address

FOURTH: Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit ____ attached hereto and made a part hereof.

Partner(s)*

DATED _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If the registered agent **does not** sign, Form [MLLP-18 \(31 MRSA §807.2\)](#) must accompany this document.

****Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

*Certificate **MUST** be signed by:

- (1) one or more **partners** who are authorized **OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**